

**PRINTER RUSH**  
(PTO ASSISTANCE)

Application : <u>10/603904</u>	Examiner : <u>Abebe, D</u>	GAU : <u>2655</u>
From: <u>SLC</u>	Location: <u>IBU</u> FMF FDC	Date: <u>03-30-05</u>
Tracking #: <u>06087297</u>		Week Date: <u>03-14-05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>12/2/2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependence: Original claim 9  
depends upon canceled original claim 2. Please Resolve.

Thank You  
SLC

[XRUSH] RESPONSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIALS: DA

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04